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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection		Trademark Office; U.S. DEPARTMENT OF COMMERCE of information unless if displays a valid OMB control number.	
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 0088630.00213US4	
Application Number 10/076,141-Conf. #9852		Filed	February 15, 2002
Application Number 10/070,141-Cont. #9032		1 1100	1 001401 y 10, 2002
For FLUID CONTACT CHAMBER			
Art Unit 1797		Examiner	M. R. Chorbaji
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	Small Entity	<u>/ Fee</u>
One month (37 CFR 1.17(a)(1))	\$130	\$65	\$
Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$
X Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ 1,110.00
Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$
Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$
Applicant claims small entity status. See 37 (	CER 1 27		
A check in the amount of the fee is enclosed.			
Payment by credit card. Form PTO-2038 is attached.			
The Director has already been authorized to charge fees in this application to a Deposit Account.			
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to			
Deposit Account Number 08-0219 .			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the applicant/inventor.			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
x attorney or agent of record. Re	gistration Number	32,07	73
attorney or agent under 37 CFR 1.34.			
Registration number if acting under 37 CFR 1.34			
		January 23, 2009	
////Signature		Date	
Henry N. Wixon		(202) 663-6000	
Typed or printed name		Telephone Number	
NOTE: Signatures of all/the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
Total of 1 forms are submitted.			